



Texas Department of Health
Osteoporosis Advisory Committee
Regular Meeting Notes
May 17, 2002

The Osteoporosis Advisory Committee met on Friday, May 17, 2002, at the Joe C. Thompson Center, Room 2.120; University of Texas at Austin Campus.

Advisory Committee Member(s) Present:

Mary Claire Kinney Beilamowicz, Ph.D., R.D.,
L.D., C.F.C.S.
Wanda Franklin, M.B.A.
Bill Griffin, M.D.
Martha Rammel Hinman, Ed.D.
Steven Michael Petak, M.D., J.D., F.A.C.E.
Rogene E. Tesar, Ph.D., R.D., L.D., C.M.R.T.

Advisory Committee Member(s) Absent:

Roma Ball, M.Ed
Jan Hamilton, Ph.D., R.D., L.D.
Judith Headley, Ph.D., R.N.
Sharon Robinson, Ph.D., R.D.
Jo B. Sparks-Parker, M.B.A.
William Wong, Ph.D., M.S.

Registered Guest(s):

Benee Brown, Eli Lilly and Company
Jack Douglass, Proctor and Gamble
Camille Hemlock, M.D., TDMHMR
Brenda Knowles, Dietician
Tim Toups, Proctor and Gamble

TDH Staff Member(s) Present:

Gina Baber, BWH
Jan Hudson, BWH
Janet Lawson, M.D., BWH
Linda Bultman, Ph.D., R & PHA
Margaret C. Méndez, BWH
Jennifer Ryan, BWH

Welcome and Meeting Call to Order

Bill N. Griffin, M.D., Chair

The meeting was called to order by Chairman Bill Griffin.

Approval of Minutes

Bill N. Griffin, M.D., Chair

No corrections to the minutes were noted. There was not a quorum; therefore the minutes of the February 22, 2002 will be approved at the next meeting.

Member Updates

Committee members, guests and staff gave updates on their most recent activities relating to osteoporosis.

Program Updates

First Fracture Initiatives

Bill N. Griffin, M.D., Chair

- Discussed results of Osteoporosis Hospital Intervention Program (HIP) results at Christus Spohn Hospital South in Corpus Christi obtained by Bill Griffin. There were 51 advanced age fracture patients studied, all of whom had been discharged over a 3 month period from January through March 2002: 55% of the patients had hip fractures; 90% of hip fractures were related to falls. Approximately 16% had prior history of fractures, almost 12% had a history of back pain documented and nearly 10% reported pain in other sites prior to the fracture. Of the patients



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studied, 73% required surgery due to the fracture and 4% suffered complications from surgery. The largest percentage of patients (31.4%) were discharged to a long-term care facility. Another 13.7% were discharged to a skilled nursing facility and 13.7% received no follow up. Possible explanations for the study results reinforced the fact that fracture patients are not being evaluated and their risk factors are not being assessed.

- Gina Baber was asked to find out if anyone with TDH works with JCAHO. She is to give an update at the next meeting.

Bone Density Certification

Rogene E. Tesar, Ph.D., R.D., L.D., C.M.R.T.

- Jan Hudson reviewed the requirements for certification under two current certification programs, the American Association of Clinical Endocrinologists (AACE) and International Society for Clinical Densitometry (ISCD). She reviewed reasons for requesting certification requirements. Current problems include: untrained bone densitometry techs, untrained physicians and erroneous reporting.
- Jan Hudson distributed a table containing aspects of both the International Society for Clinical Densitometry (ISCD) and the American Registry of Radiological Technologists (ARRT) certification. The primary difference is the education requirement: ARRT certification requires that the technician have a 2-year degree from an approved radiological technology school and ISCD does not.
- The American Association of Clinical Endocrinologists (AACE) does not have a bone densitometry exam. Currently International Society for Clinical Densitometry (ISCD) conducts bone densitometry certification courses and examinations for AACE members. The American Registry of Radiological Technologists (ARRT) certification and American Society of Radiology Technicians (ASRT) recognize the technical course for continuing education credit.
- After reviewing the two certification programs, the committee reviewed options for pursuing new requirements for Texas. Several options for the committee were suggested including changing the TDH Rules, legislation, or certifying radiology technicians to meet the current Texas requirements through TDH. The current requirements for bone densitometry screening technicians in Texas include four hours of radiation therapy training and 16 hours of training on a dual energy x-ray absorptiometry (DEXA) machine. The committee feels the current standard is unacceptable. Several states have tried to impose requirements for bone densitometry certification. Requirements range from state to state from having none to being very extensive. The state does not have the authority to direct a private sector organization such as the ISCD to do all certifications for the state.
- Definition for vote: Minimum standard required by TDH is not being followed. A person performing bone densitometry must be certified through one of the existing certification boards. The committee suggests that TDH close the hardship loophole for certification. The National Osteoporosis Foundation may not accept the use of private certification because they want there to be more screening for osteoporosis. Before the next meeting of the Osteoporosis Advisory Committee, a list will be drawn up recording the pros and cons of requiring certification and establishing a minimum acceptable education requirement.



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Behavioral Risk Factors Surveillance Survey

Linda Bultman, Ph.D.

Linda Bultman presented the preliminary results on osteoporosis questions included in the TDH Behavioral Risk Factor Surveillance Survey (BRFSS). The study was conducted from September 2001 thru November 2001 and had 1607 respondents. Basic data regarding the respondents' age, gender, and race was collected. The participants were asked the following 3 questions: Have you been counseled about osteoporosis? Have you been diagnosed? What calcium supplements are you taking? Of the 241 respondents in the geriatric age group, 9%-20% had been diagnosed with osteoporosis. Dr. Bultman suggested that this study needs further clarification. The committee would like to know who developed the questions so that key messages could be established in the data. Dr. Bultman will obtain more information and report back to the committee.

Summit 2003

Rogene E. Tesar, Ph.D., R.D., L.D., C.M.R.T.

- The committee discussed the results of April 23, 2002 Conference Planning Subcommittee meeting. The committee determined that the dates of May 16-17, 2003, Friday and Saturday, would be more accommodating to the health professionals' schedule.
- The target audience of the conference was discussed and some amendments to the list submitted by the subcommittee were made. The new target audience is as follows:

Physicians:	Rheumatologists	Others:	Nurses
	Endocrinologists		Dieticians
	Gastroenterologists		Physical therapists
	Pulmonologists		Radiological technologists
	Internists		Physicians Assistants
	Gerontologists		Nurse Practitioners
	Family practitioners		Representatives from managed care
	Gynecologists		Non-medical staff from major nursing homes
	Orthopedists		
	Radiologists		

- The committee discussed providing CEU's for all groups.
- The title of the conference was changed to "Frontiers in the Prevention of Osteoporotic Fractures"
- The format of the program was discussed. It was decided that a six-hour plenary session followed by three two-hour breakout sessions would best serve the attendees. Suggestions for breakout sessions include patient education, fall prevention, and economical issues associated with osteoporosis. The committee discussed having a high profile speaker on the opening evening of the conference. Several potential speakers were suggested including Sandra Bullock; Barbara Bush; Dr. Charles Bell, the TDH Executive Deputy Commissioner of Health, and Liz Carpenter. More research will be put into finding an opening speaker.
- The next subcommittee meeting will be held via teleconference on a date to be determined.

TDH and Program Updates

Gina Baber

Membership Drive

- The Osteoporosis Program sent out letters for the membership drive. From the letters sent, 17 applications were submitted, four applications for consumer member positions and thirteen



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applications for professional member positions. An application packet was submitted to the Board of Health (BOH) and new committee members will be appointed at the BOH meeting on June 14, 2002.

- In December four more positions will become vacant, three professional positions and one consumer position. Another membership drive will begin in July to fill these vacancies.

Awareness campaign

Gina Baber gave an overview of awareness campaign activities including the completion of projects that were begun in 2001-2002.

- The worksite education video will be completed this fiscal year.
- The health care providers toolkit will be available for distribution at the 2003 Summit. Possible additions to the kit include 3 osteoporosis books and an order form for health care providers to receive pamphlets and booklets about osteoporosis. A CD Rom with patient education information and a colored poster to be posted in physicians' offices were also suggested.
- A continuing education course for nurses will be developed by SUMA.
- The translation of materials into Chinese and Vietnamese is another component of the awareness campaign that will be underway soon.
- May was Osteoporosis Prevention Month - In order to increase awareness throughout the state, numerous messages and notices about osteoporosis were run at TDH; a mass mail out of information was sent to several communities; information about osteoporosis was disseminated by the media including newspaper articles and radio news stories which were broadcast throughout the state. Osteoporosis information was dispersed at various health fairs and health awareness activities including Motorola, two Internal Revenue Service facilities in Austin, the Austin State Hospital, People's Pharmacies, and HEB pharmacies. Ads on osteoporosis are being placed in *Southern Living/ Texas Living* magazines. Additionally, print materials will be distributed at perinatal outreach events in Texas.
- The new 800 number will be sent to all of the committee members via e-mail.

National Asian Women's Health Organization Committee Meeting

Gina Baber attended a conference planning committee meeting to discuss ways of incorporating osteoporosis education into their upcoming conference. NAWHO representatives were supportive of osteoporosis inclusion into the program.

Annual Report

A final draft of the annual report will be presented at the meeting in July. The final report is due to the Board of Health September 1, 2002.

Strategic Plan

Brenda Knowles, M.S., R.D., L.D.

Brenda Knowles, Leader for the Children and Youth Workgroup of the Strategic Planning Meeting, gave a briefing on her activities in this area. Ms. Knowles attended a meeting of the Texas Adolescent Health Advisory Committee in April. She reported that the NICHD Osteoporosis Prevention Grant for middle school girls would be completed at the end of this school year with data analysis to follow. Ms. Knowles also worked with the committee to get Senate Bill 19 passed,



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which made physical activity mandatory in schools. She will continue to update us on activities in the area of children and youth as they relate to this advisory committee.

TDH Updates

Margaret C. Méndez

- TDH is currently under a hiring freeze.
- Discussed legislative appropriations guidelines, there will be no new funds available for the Osteoporosis Education Program.
- Distributed the TDH organizational chart to the committee so they could be made aware of the structure in which we work at TDH.

Schedule of Meetings

Gina Baber

Meetings were scheduled for July 12th and October 25th. Attendance at these meetings is very important, as decisions cannot be made without a quorum.

Adjournment

Bill N. Griffin, M.D., Chair

The next meeting will be held on July 12th, 2002.